Midwifery Scope of Practice Comments
January 10 through January 16, 2013

Posted January 16, 2013

I gave birth to my beautiful son at home under the care of an incredibly skilled licensed midwife. By giving birth at home rather than at a hospital, I was allowed the time and freedom to let my labor proceed naturally, unhindered by any artificial clock, procedures, or policies. When it seemed as though my labor had stalled and I wasn't dilating, my midwife knew what unorthodox things to have me try to help my baby move down. I feel certain that no OBGYN would have known to have me march back and forth in my backyard, lunge on alternating sides, or pull up on my belly during contractions, but those techniques were what was needed to help me dilate. When a slight complication arose during pushing, my midwife knew exactly what to do and handled the situation swiftly, skillfully, and confidently. When my baby was born into her loving hands, a bond was forged that I know will never be broken, and that was sealed with a secret whispered from my midwife to my son that only they will ever know. My son was placed immediately on my chest and, later, was examined on my bed while I ate a home cooked meal of spaghetti and laughed with my sweet birth team. The next morning, one of my midwife's assistants came to my home to check on us while we relaxed in bed, and two days later she returned again--from the moment I went into labor, we never had to leave the comfort of our home.

I share my story because it contains my wish for all moms and babies. As a woman and a mother, I trust other women to make the right birth choice for them. I believe that birth choice is a fundamental right implicating parental authority, bodily integrity, and freedom of movement. My choice to birth at home was an extremely educated one--I knew the risks and benefits of birthing at home and a hospital, and made what was ultimately the best choice for me and, more importantly, my baby. To be born naturally surrounded by love is what all humans deserve.

After witnessing the skilled work of my midwives, my family had a newfound awe for what was previously an unknown profession. Skilled, experienced midwives are so capable, offer such incredibly high quality care (my hours long prenatal visits, often capped off with an impromptu communal lunch, were surely unique indeed in the world of prenatal care), and deserve the freedom the practice their centuries old craft as unhindered as possible. All expectant mothers deserve the freedom to choice home birth under the care of a midwife for their babies, regardless of whether they are carrying multiple babies or have given birth by cesarean section in the past. I urge you to keep my story in mind when deciding whether to restrict or enhance freedom of birth in the state of Arizona.

Women are left with fewer and fewer choices regarding their bodies and reproduction today. When it comes to birth, I think it only logical to allow a woman to choose the healthiest scenario for her unborn child. In very few circumstances are hospital deliveries actually less risk-laden and "healthier" than homebirth. Regardless of that fact, women can choose to go to the hospital even when it's unnecessary. They can choose medicines to make a natural process a scheduled and induced one. So why then would we consider limiting the choice for women to let a naturally occurring event take its course and deliver in a safe and natural environment? As someone who is expecting a child in two weeks and has toured multiple hospitals and had two different OBs I can tell you that my experience with my midwife has been far better than anything else the medical community has offered. I chose and OB listed as a Top Doctor in Phoenix Magazine. He was prescribing medication that the FDA has said is not safe during pregnancy and that the Physician's Desk Reference says should be used to treat symptoms, none of which I had. My duty as a responsible parent-to-be is to ensure the safety and health of my child so I switched providers. I then went to an OB referred by my internal medicine doctor at Mayo Clinic. Although I felt more comfortable with her, again there were unnecessary procedures suggested that put the health of my child at risk. Not willing to put my unborn child's health on the line for a doctor's peace of mind or worries about malpractice suits, I opted I switch my care to a licensed midwife. I have learned more about the

birthing process and what is normal and necessary though her than I ever did in my 5 minute OB visits. I trust this person to ensure that I and my baby are healthy. Now I have nothing against mothers who seek doctors for their care. In fact, if that's what they feel is best, I encourage it! Why? Because the fact that we have choices is amazing. It is what makes our society privileged and free. Homebirth, birth center, hospital birth or emergency birth are all completely valid and legitimate ways of bringing new life into this world. No one, especially not a law, should tell a woman how or when or where to birth. The less influence government has over something so entirely sacred, the better off we shall be. I ask that homebirth be a respected and honored choice for all women.

As a mother of two both birthed at home under the care of a midwife I am extremely offended by the 'conclusion' that since many families that choose homebirth are self-paid, we must be uneducated and poor! First of all most midwives are not contracted with insurance companies, since it is a bureaucratic nightmare and often times very impractical, because most insurance companies do not cover homebirth/midwifery care. In those cases where it is covered the patient can submit it their insurance carrier and get reimbursed. My husband and I both hold advanced degrees, speak multiple languages and are generally well-travelled and well-educated. Homebirth was a choice we made for our family because it was how we wanted our children to enter this world. I had easy, uncomplicated pregnancies and there was no need for the extended medical care of a hospital along with the exposure to all kinds of illnesses etc. I know many families that chose homebirth that are similarly educated. I also know lots of families that scrape together their last time to pay for homebirth midwifery care because it is what they want for themselves and their children and what they feel is safest and best. Level of education or social class is completely irrelevant!

There is no clear point from which to start this comment so I'll just jump right in:

The main obstacle facing the increased scope of practice discussion is: Lack of statistics. In fact, there are no concrete statistics on any of the relevant situations being discussed. Homebirth safety in relation to VBAC, twin birth, breech birth, or hospital birth for that matter – the available statistics when comparing the outcomes of hospital birth vs. homebirth are correlations at best and emotional assumptions at worst. To gain proper statistical information there needs to be a sizable sample of pregnant women consenting to random assignment of birth in either a hospital or a home. Naturally this is a virtually impossible study to conduct. Please do not lose sight of this fact. When medical professionals are stating various percentages of something happening at home vs. the hospital it proves nothing concrete.

Limiting the choices of women to birth their children as they know to be best is setting up pregnant women up for poor, or even tragic, outcomes. If I become pregnant with my third child and the baby ends up being twins or it is a singleton in breech presentation there is little to no way in the world I would submit to giving birth to my baby in the hospital. I have spent countless hours researching birth outcomes and there is nothing that could sway me from this position. If my midwife should be unable to attend my birth due to legal constraints – what measures will I need to take to ensure that my right to autonomy is recognized? That my mindful and deeply thoughful decision of homebirth being safest for me and my baby is honored? Does the birth then become an unattended birth? Likely not for me because, although I believe strongly in homebirth, I am well read and understand just how extremely valuable a midwife is in the event of an emergency. However I would potentially have to call upon my network for someone to attend my birth outside of the scope of the law, or perhaps I'd be determined to travel to another state where they recognize my rights. I have first and secondhand birth experience, I have a network, I know my options, but what about a less educated woman with no means to facilitate a safe birth in a healthy pregnancy with only a added variable to consider? Would she go unattended? Why risk her baby? If she experienced birth trauma or suffers from post traumatic stress disorder as the result of a previous caesarian section…Would she risk going unattended just avoid the hospital? Why would anyone force her

to chose between hiring a skilled birth attendant or going it alone? And I promise, that is the situation of many women and that is their only choice.

Recently while attending a natural birth with a second time mom during a low risk no issue planned in-hospital birth, the mom was literally bullied by the on-call OB to get a post birth shot of pitocin. The baby was born with no problems, labor was perfect, there was no excessive bleeding, and she had her first baby without post labor pitocin (to help the uterus contract) yet the doctor kept saying "Get pitocin or you risk hemorrhaging to death." The mom was asking questions about the shot and his only response was "You can skip the shot but you risk bleeding to death." The mother, tired after just giving birth, got the shot so he would go away. She was then physically unable to hold her baby for the next FORTY FIVE minutes because the drug had her so shaky she was afraid she would drop her newborn. Why would I want to give birth in the hospital where I have to fight for my body's right to respond naturally to childbirth? And I have witnessed firsthand how nearly everything becomes a discussion, a debate, or a fight.

I have attended only about ten births yet two were classified as "Failure to Progress" and resulted in caesarian sections. One was legitimately FTP due entirely to poor fetal presentation (or asynclitic). There is nothing to prove that this mother is unable to have a vaginal birth simply because the first baby entered the birth canal with her head tipped to the side. The second FTP was quite frankly medical impatience. A slow to start 8 hours long induction NO maternal or fetal issues ending with the OB stating, and I quote, "Nothing is wrong now but I don't want to wait until something is wrong." As if she is able to predict the future. This is why I could not risk my children nor my body or own life to the hospital.

The woman in the committee meeting audience stating that "Even one death is too many." Seriously? Do no babies die in the hospital? Because that is a numerical figure that I guarantee exists and I am willing to bet my own life that it says babies and mothers die there too. Janae G., Manager of Quality and part-time birth attendant

I feel that I am an informed person and believe in my right to choose where I want to birth my baby. Part of my right as a woman and American citizen, is my right to choose my healthcare provider. I firmly believe in the rights over my own body, and my rights to choose what type of medicine is best for me. I am an educated citizen, and I believe that the choices made over my labor, birthing, and in regards to my child should be up to myself and my doctor. Thank you.

As an Arizona birth consumer, I am so excited that the state is looking to consolidate their licensing process for midwives with the North American Registry of Midwives. This will bring consistency to the level of professional knowledge among midwives and allow the consumer to have a firm understanding of the qualifications and expertise of the midwife. Consumers will be able to make better decisions in regards to their health care options when all licensed midwives hold the CPM credential. The changes are not to be taken lightly and due diligence by the state and invested stakeholders must happen in order to ensure the safety of Arizona women and babies. I urge the advisory committee to read the full NARM Position Statement in regards to these proposed changes before reaching their consensual recommendation. This is taken directly from the NARM Position Statement (April 2012) in regards to State Licensure - Challenges of Licensure. Licensure can be detrimental to effective midwifery practice when it's not tied to certification that defines competencies and upholds the ethical framework for shared decision making in maternity care. The core competencies for any health care profession are not generally established through a legislative process. Competencies are developed and continually evaluated by the experts in the profession itself, not by licensing bodies. Educational pathways are only effective when tied directly to the competencies needed to provide safe midwifery care. This is why the certifying body is charged with the task of evaluating both the competencies and the education needed to achieve them. The systematic restriction of the scope of practice of midwives in the United States has

created a challenge for establishing educational pathways that are sustainable, affordable, and lead to a legally recognized professional practice. When a statute or regulation limits the scope of practice to less than the entire competency of the profession, then education opportunities are also limited and critical knowledge and skills are lost. Restrictive laws that don't allow for patient autonomy place the midwife in challenging legal jeopardy when the statute or regulations limit midwifery-led care. When consumers experience licensure of midwives as a mechanism to restrict their choices among care options that support physiologic birth they are more likely to seek unlicensed midwives and midwives are more likely to resist licensure in order to support women's access to autonomy in the decision making for their own care.

I am a Licensed Midwife and a consumer. Regarding the 'big three' it seems like a simple solution. It is the God given right of the woman and her family to decide where and how she wants to birth her babies. A complete informed consent and disclosure of benefits and risks of the choice they are making to either birth at home or in the hospital should be provided and women make the choice. It should not be left up to our opinions as either Doctors or Midwives whether or not this is an option. It is a woman's right to choose- allow her the choice.

I would like the Department to know that midwifery care is superior care. Most births in the world are attended by midwives. Other countries that are comparable to the U.S. whose primary pregnancy care is provided by midwives have much lower rates of c-sections, maternal mortality, and many other important measures. It is a fundamental right for a woman to choose the type of care provider that is best for her. Please do not limit the scope of practice for Arizona's midwives. If anything, expand it to include the ability to provide IV fluids (midwives in New Mexico do) and suture women if they tear during birth. Midwifery care is the ideal model of care for most healthy pregnant women. Let's not limit the type of care that all the evidence demonstrates is the best care.

Posted January 15, 2013

I am a college educated, middle class mother of two. With my first child I chose to give birth in a hospital where the birth of my daughter should have been "routine" However, I came down with a fever and 7 hours into my labor was worthlessly pumped full of antibiotics. My daughter was whisked away from me within minutes of her birth to continually pumped full of more antibiotics for 7 days. Yes, I was monitored on a computer screen, but no one TOUCHED me. If someone, a nurse, a doctor, the janitor, had put their arm on me to comfort me during my labor, it would have been alarmingly clear that I was in need of antibiotics 7 hours earlier. My husband had mentioned to nurse after nurse that I seemed to be sweating, could I drink some water, but no one did anything. Instead we were left to labor in our room alone, with people coming and going, but no one caught on to my infection until 1 hour before pushing my daughter into this world. She was then in the NICU for seven days, separated from me, and fighting her own battle against this illness that I had during labor. I had been tested for Strep B and was negative at my 37 week appointment.

After this horrifying experience with my first born, not knowing if she would make it during her first days of life due to extreme neglect in the hospital, I swore to myself I would do everything in my power to make sure this never happened again. I started researching and everything pointed me to midwifery care. If I had a midwife with my first daughter, I truly believe that her birth would have been much more safe. A midwife, someone I had met for hours before the birth of my baby, would have taken one look at me and said "You are sick." We would have most likely been transferred to a hospital at that point, received antibiotics that my daughter needed in utero, had been able to stay together, and she would have been born HEALTHY.

My husband expressed to me how concerned he was for both of our lives during that hospital stay. When we became pregnant again, we talked in depth about what was the best choice for our family. We met with a licensed midwife and came to the conclusion that a homebirth was the SAFEST choice for us. This past September I gave birth to my second daughter in my home with not one complication. However, the important issue here is I had a choice. I chose to birth my baby at home. I know the risks of birthing in a hospital and I know the risks of birthing at home. I made the decision that I thought was safest for us. I also think it needs to be said that if a complication should have arose, I have 100% faith that my midwife would have transferred me to an OBGYN. But I deserve the choice of who gets to be at the birth of my children.

I am personally appalled at the overmedicalization of birth and the attitudes of OB/GYNs regarding midwifery care. Having experienced both a hospital birth and a birth center waterbirth, I have some perspective on how patients are treated in both circumstances. My experience with an OB/GYN was impersonal, rushed, and very standard, keeping to protocol at all times. My waterbirth was personal, relaxed, joyful and healing. I don't expect an OB/GYN directed birth to be anything else. OBs are surgeons, and their specialty is surgery. Midwives are birth specialists. ALL they deal with are pregnancies, birth and postpartum care. I became VERY informed on the subject of birth and as to which method I would choose before my second pregnancy. It's truly disturbing that the comment was made that because midwifery patients are often "cash pay" clients, that we are uninformed, ill-informed or ignorant. Rather, we are most often college-educated women who HAVE to pay cash for the birth we desire because our insurance will not cover a safer, cheaper birth because of intense lobbying efforts by hospitals and OBs. It is insulting to think that a woman who chooses the initially less appealing idea of a birth without pain medication is necessarily uneducated, ignorant, or uninformed. I think that far more often OB patients are the uninformed ones, choosing to simply have the birth that everyone else is having, that insurance will pay for, and that society expects of them, without any need to research options, neonatal mortality/morbidity statistics, complication/c-section rates, or hospital policies. Birth is a mother's business and it should be her choice whom she would like to attend her birth and where. It's downright dangerous to insist that women with breech, multiple or prospective VBAC births not be allowed to use a midwife because the only option left to a woman afraid of a hospital birth is an unattended one. I can tell you for a fact that I, personally, would much rather have an unattended breech birth than a hospital one. It is my right to refuse major surgery (which is what a c-section is) and there are virtually no OBs who will care for a patient insisting on a vaginal breech delivery.

Homebirth is alive and well. It's not going anywhere, and as we all saw from a chart used last night, the number of homebirths is actually growing. So, instead if the medical community spouting off their opinions on why homebirth is unsafe, maybe they should be spending more of their time accepting something that is becoming more real and accepted. They also need to focus on improving what is a broken and horrific relationship they have established with the homebirth community. "Smooth Transfer" etc. are perfect examples of what MUST be improved, whether they accept it or not. Bottom line. They need to get over their thoughts and opinions and just do what needs to be done for the sake of everyone.

c. An initialed statement that the physician has conducted an in-person, telephonic, or electronic discussion with the client prior to 30 weeks gestation < this line doesn't work for breach because at this point they frequently turn a breach usually isn't a concern until closer to term like 36 weeks .

A follow-up ultrasound at 35-36 weeks to confirm fetal presentation and estimated fetal weight for a breech pregnancy;< If breach is on the scope of practice who should I have to get a ultrasound to asses position. ultrasound this late in pregnancy are not accurate at assessing weight

c. Periodic assessment of contractions, fetal presentation, dilation, effacement, and position by vaginal

examination;< Vaginal exams should not be required

d. Determination of the progress of active labor for primiparas by determining if dilation occurs at an average of 1 cm/hr until completely dilated, and a second stage not to exceed 2 hours;< again vaginal exams should not be required , if mom and baby are stable Im not sure how progression matters . most labors are much longer then this

e. Determination of a normal progress of active labor for multigravidas by determining if dilation occurs at an average of 1.5 to 2 cm/hr until completely dilated, and a second stage not to exceed 1 hour; < same thing vaginal exams should not be required has long has mom and baby are stable progression should not matter .

a. Taking of vital signs of the client with external massage of the uterus and evaluation of bleeding every 15 to 20 minutes for the first hour and every half hour for the second hour;< Uterine massage is painful and I would not consent to it in the absence of heavy bleeding. I would find this distracting it could interfere with early bonding and breastfeeding

b. Apply erythromycin optic ointment or other preparation specifically approved by the Director to each of the newborn's eyes in accordance with A.A.C. R9-6-718 R9-6-332; .< eye ointment is only prevents infections caused by specific STD if this STD are not present it is unnecessary.
http://evidencebasedbirth.com/is-erythromycin-eye-ointment-always-necessary-for-newborns/

On page 8 please define "1. A previous uterine surgery;"

On page 9 4. Had a previous Cesarean section for any of the following indications:
a. Failure to progress,
b. Failure to dilate, < this doesn't work may low risk mothers end up with C-sections due to Failure to progress after a induction for post dates in there first pregnancy . these women have no other health issues and are ideal candidates for HBAC . this list would illuminate the option of Vbac for many otherwise low risk mothers.

page 10 Section C line 3 the position of the second baby should matter.

page 10 section D line second baby in a twin delivery position should not matter . baby be should be able to be breach

page 11 section a line 3 " parity greater than 5;" I think this invasive and unnecessary and put further scrutiny on women who choose to have large families

I am a educated and well insured person . I am aware there are risks to birth in any location and pros and cons to each location . I have had one home birth with a licensed midwife and one home-birth without a licensed midwife due to my second labor being outside the scope of practice . I would and have chosen to birth without a LM due to restrictions on there scope of practice.

From a hospital OB unit employee in the East Valley:
The arrogant ownership of birth that the medical field has adopted in unacceptable.
The fact that there has been a "chaperoning" of homebirth proposed is ridiculous. A call ahead of time will change nothing. Our unit is staffed at any and all time for any kind of an emergency to come in. Who is taking care of that patient at the time is irrelevant. It's just that the hospital staff (including the OB) is personally offended by a patient that chose a route that didn't include them in their care. Now they have to

"clean up the midwives mess". NO. That is the JOB of the nurse, OB doc and hospital. To handle emergencies. Let's go back the the history of why hospitals exist. NOT to treat perfectly NORMAL, LOW RISK pregnant women.

The ugly, arrogant head of the Hospital OB mentality was reared in a powerful form at last nights meeting. This deep and heavy line that separates home birth from hospital birth is unmendable. A "Smooth Transition" will never exist. I know this, because I see first hand the attitude that is dished out on the very few trasfers that occur and it is heart breaking and sickening.

Women have the right to their birth of choice. This is OURS. We own it. NOT the OB doc. NOT the STATE heath department. NOT the midwife. The MOTHERS own this. If a mother should so choose to have twins at home, that is her choice. No OB doc or commitee has any right to tell her she can't. And when they do, we all see what happens. She births at home, unassisted, which in my opinion, is the least safe option. These poor women refuse to be put into the hospital and manhandled by the employees and their policies and procedures. I can't blame them for that at all.

Informed consent doesn't take place in the hospital. I was never told a word about Vit K, Hep B, my epidural, Pitocin, MST, circumcision.... I was just given the paper consent and asked if I wanted it. If I said yes, then "sign here" and that was that. They were assuming I knew what I was signing for. There is no consent for many things but just done because that's what they do. That's NOT informed consent. It's just ugly. This whole situation is very emotional and ugly. The medical community needs to open their brainwashed minds. Their answers are not the only ones. Their methods are not the only that exist.

First, let me thank everyone for their efforts. I believe everyone is using their experience and understanding of the literature to advocate for what they believe will improve outcomes for mothers and babies.

My next birth will be a VBAC and I will face the decision of whether to birth in a hospital or at home. I feel I will be forced to choose the lesser of two evils. My fears in a hospital birth include lack of informed consent and unnecessary interventions resulting in a c-section and the risks that follow. My fear if I choose home birth is an emergency resulting from uterine rupture, given my increased risk. I would need efficient emergency transfer. I also fear how I may be treated by hospital staff in the event of a home birth transfer.

Like it or not these are the choices VBAC mothers face. My hope is that informed consent is truly practiced in the hospital setting. This includes full presentation of the facts as they are understood without scare tactics which belittle consumers. I also hope that if I make the informed decision to birth at home I can have confidence that my midwives can work effectively with emergency services and hospital staff to ensure my baby and myself the best outcome possible under emergency circumstances.

I have had 3 c-sections and an unassisted home birth. These meetings are about CONSUMER CHOICES. I didn't have a choice for a vba3c. It was a c-section no matter which OB I spoke to and a LM couldn't attend my birth because of current scope of practice limitations. The lack of choices led to me and my husband to have an unassisted birth. Is that safer for consumers in the minds of medical professionals? To leave women with NO choices causing the consumer to abandon all hope for a trained birth attendant to oversee their labor and instead put their significantly less trained partner in that position? You can't force women into making a choice they know isn't right for them and leaving 30-40% of mothers (1 in 3 c-section rate) without the choice to a midwife to attend their vbac will definitely cause a rise in underground midwifery practice and unassisted home births.

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Thank you to all who came out last night representing such a diverse spectrum of opinions. It is so unique at this time to have the opportunity to listen well to each other. What I hear is that we are agreed that moms and babies need to have safe births. The question of with whom and where and what is included is the issue on the table. The midwives want laws that reflect current practice, and the ability to carry the emergency drugs and do the emergency procedures needed. They also feel the tension of women who call intent on home birth and go on to have unassisted. The consumers want more choices in these specific kinds of higher risk births. Moving forward it will be important to listen carefully and craft respectful wise laws. Respectfully, Joanna Wilder RN, BSN, LM, CPM

Posted January 14, 2013

As a healthcare consumer in the state of Arizona, listening to this discussion over the proposed rules for licensed midwives, I have to wonder, are we really autonomous? Our rights to homebirth are restricted and under debate. On the other hand, we have the freedom to agree to a number of interventions in hospital births, as well as to decline those interventions, with or without medical reasons. We can request these procedures because of convenience or because we believe that is the safest way to birth. We can assert our right to make choices regarding our healthcare, and we know that no intervention is risk free.

Who defines what risks are acceptable? Who decides that is it acceptable for a woman to choose to have an elective cesarean section, with all of its associated risks for mom and baby, but not acceptable to have a VBAC, with its associated risks, under the care of a licensed midwife? This is not balanced or fair. Who defines what risk is? People interpret data and come to different conclusions. We are being told by ACOG that our option to have a homebirth is too risky. Which laws give ACOG domain over maternity care practice? None. ACOG is a lobbyist and publisher, and has shared its opinions on homebirth, but the choices for maternity care fall under the rights of the pregnant woman herself.

In the Journal of Law and Health, Hoffman and Miller wrote: "A right to control one's body is an issue of one's autonomy, and typically the state is not allowed to interfere in these intimate, personal decisions. The Fourteenth Amendment to the U.S. Constitution protects the right to bodily integrity. A right to self-determination is protected under the common law, and it is supported by the doctrine of informed consent."

The proposed rules increase obstacles towards our community's access for skilled, experienced midwifery care. I believe that the state of Arizona should be engaging the least restrictive path towards informed consent, not the most restrictive.

I sat in the meeting tonight and heard that out of 3118 babies born to families choosing home birth, there were 14 deaths. If you divide 14 by 3118, you end up with 0.449%. That comes out to 4.5 deaths per 1000. This is opposed to the hospital delivery method with a Maricopa Co and Pinal Co level of 5.4 deaths per 1000. Maybe our hospital counterparts need to discuss how we have a lower rate of loss than they do. And a doc tonight said, "Even one death is too many." Yet Maricopa Co and Pinal Co, the two counties I work in the most, hospitals are losing more babies than homebirth midwives.

I believe home births can offer a safe alternative to the hospital setting & all women should be given the opportunity to choose their own birth setting. Midwifery is a wonderful and ancient art that should not be lost in the modern world of medicine but appreciated and respected.

Certified Midwives should absolutely be allowed to attend vaginal birth after a c-section, breech, and/or twin births. These types of births are normal, and women should have the option to choose a provider they are comfortable with to attend their birth in all normal circumstances.

I have had two babies- one with an obstetrician and one with a CNM. For my first child, with an OB, I was treated as just another delivery. All in the name of convenience my Dr. told me that my baby was measuring big and I'd need a c-section. I disagreed and he begrudgingly allowed me to "try" and have my son naturally but I "needed" to be induced. Assuming my Dr. knew best I was induced three days after my due date. It started with cervadil and at 2am I went into labor. At 7am they started pitocin anyway, simply because; I didn't know I could refuse. The baby didn't react well so the drip was turned off and I was aloud to continue on my own. From 7am on the Dr. checked my cervix every hour as was required by him because "if I stopped progressing" it would mean a c-section was necessary. I never did stop progressing, however at the 12 hour mark and 7cm dilated my Dr. decided we needed a c-section. The baby was not in distress, my blood pressure was fine, and I was progressing very well, especially well considering my privacy was frequently violated. I was made to sign the "informed consent" for a c-section while in transition! My papers read "failure to progress" when in reality it was "failure to wait"! When my son came out much smaller than the Dr.'s guesstimated weight the Dr. explained he must have been off because his head was so large. My sons head was 14 &1/4" The Dr. guessed him to be 9lbs.11oz. He was 7lbs.2oz.

I chose a CNM for my second son and had to fight hard to get the VBAC I wanted. This child was assumed to be 8lbs.5oz and was born vaginally 8lbs.6oz. with a head 14 & 1/4" At this moment I realized just how much I had been lied to for my first birth. I don't think the Dr. ever thought my boy would be that big- it was a scare tactic. I never stopped progressing, he got tired of waiting for my son to be born so he took matters into his own hands as he had planned to since before labor even began.

I deeply desire a home birth for my next child and don't feel my choice of care providers and birth locations should be restricted because I chose a bad OB for my first child who performed an unnecessary c-section.

Posted January 13, 2013

Cara Christ, M.D., M.S.
Assistant Director, Division of Licensing Services
Chief Medical Officer Tuberculosis Control Officer
Arizona Department of Health Services
150 N. 18th Avenue, Suite 510
Phoenix, AZ 85007

Re: Midwifery Scope of Practice

Dear Dr. Christ,

The Arizona Nurses Association (AzNA), as the professional organization representing the largest number of registered nurses in Arizona, supports public policy that promotes inpatient, outpatient and community-based health and safety. AzNA is aware of and strongly opposed to the licensed midwives proposed scope of practice expansion.

AzNA is particularly concerned that the scope of practice expansion would enable licensed midwives to perform high-risk deliveries in a home setting, including births of multiple fetuses, vaginal births after cesarean, and delivery of malpositioned fetuses, such as breech presentation. The rationale cited for this requested scope of practice expansion states (a) the consumer should be able to choose home delivery with informed consent, (b) a licensed midwife is better than no provider in providing these home-based deliveries, and (c) physicians have not kept up their practice skills to deliver the type of care that consumers want. This rationale is insufficient to support such an extreme and unsafe scope of practice expansion and is not founded in sound, evidence-based research.

The research presented by the licensed midwives did not fully support their conclusions. While research does show a high number of unnecessary subsequent cesarean sections for breech presentations and previous cesarean delivery, and there are calls by the medical community to increase trials of labor (TOL) for breech presentations and vaginal births after cesarean (VBAC), the research presented does not advocate home delivery in such situations. Specifically, the research regarding vaginal delivery in breech births states that "Careful case selection and labour management in a modern obstetrical setting may achieve a level of safety similar to elective Caesarean section." 1 (emphasis added) This research does not advocate home deliveries. Additional research by the National Institutes of Health (NIH) referenced in this scope of practice expansion request recommended only further study into vaginal births for higher risk pregnancies2. (emphasis added) It did not recommend home births or trials of labor by midwives outside a fully equipped modern obstetrical setting.

The risk of uterine rupture for VBAC is twice as likely as for a routine vaginal birth and VBAC is only considered for women with low transverse uterine incisions from the previous cesarean section. This is a significant complication that was not addressed in this request, but must be carefully managed in a fully-equipped setting, rather than allowing a licensed midwife to assess for a uterine rupture after the fact. Additionally, while it is true that certain hospitals ban VBAC in their facilities, the VBAC bans referenced in the argument do not accurately reflect that the reason for many such bans are because the hospitals in question do not have adequate resources in place to provide emergency anesthesia or other emergency services for such patients3. Home delivery complications requiring a reasonably skilled licensed midwife to transfer a patient to a hospital with a VBAC ban would not increase patient safety or positive outcomes because the receiving hospital does not have the resources to provide the necessary care.

AzNA is further concerned that the scope of practice expansion would include removal of the licensed midwife scope of practice from the rules in order to create a guideline allowing each midwife to expand her or his own practice based on an international standard of care, the midwife's education and experience, and the client's situation. While there is a request to create a Midwife Advisory Committee to oversee the scope of practice as a living document to be kept up to date with the US Midwifery Model, it is not fully consistent with the provision of sound evidence-based practice. AzNA fully supports professional practice expansion when there is evidence to do so. However, AzNA is extremely concerned that there is not sufficient evidence of licensed midwife training and demonstrated safe outcomes to support the requested changes. Therefore, AzNA strongly opposes the referenced licensed midwife scope of practice expansion.

Thank you for the opportunity to provide feedback on this proposed scope of practice expansion. AzNA appreciates the opportunity to participate in the process of the development of DHS rules and thanks DHS for their commendable work in safeguarding the health and safety of Arizona residents.

References:
1. Kofsaka, A., et al., 2009, June, Society of Obstetricians and Gynaecologists of Canada clinical practice

guideline: Vaginal delivery of breech presentation. Retrieved from: http://www.sogc.org/media/pdf/advisories/CpgBreechJune09_e.pdf
2. Cunningham FG, et al., National Institutes of Health Consensus Development Conference Statement: Vaginal Birth After Cesarean: New Insights. March 8—10, 2010. Obstetrics & Gynecology. 2010; 115(6):1279–1295.
3. Cunningham FG, et al., National Institutes of Health Consensus Development Conference Statement: Vaginal Birth After Cesarean: New Insights. March 8—10, 2010. Obstetrics & Gynecology. 2010; 115(6):1279–1295.

Respectfully,

Robin Schaeffer, MSN, RN, CNE Amy Franciscus, JD, RN
Executive Director Director of Governmental Affairs
Arizona Nurses Association Arizona Nurses Association

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With the client's medical history, it's the midwife's job to determine if it's under her scope of practice - a woman should not have to hear a biased opinion and then sign a form that has her admitting some sort of neglect/liability for her soon to be born child that could be used against her and her midwife later. Have you consulted any OBs? What OB is going to sign their name to any form even to recommend against it, when it's easier to just not bother. There is no law forcing their compliance nor should there be, no OB has to participate in this and why would they? There is a level of liability, regardless of what the form says. This liability and the statements from ACOG should already suggest this to you. If they do agree to consult, they will sign against it. There is a reason why they are in the line of work they are and a reason why midwives do what they do. They come from different perspectives, and that is exactly what these are - perspectives on birth and perspectives on risk. The data available already shows that these options are safe in the grand scheme of everything, so it should more than be up to the woman alone and that is the entire problem we're having here. A lawyer would advise any client not to sign such a ridiculous form. She is signing that she understands that she is going against medical advice and therefore if anything happens she could be liable for neglect and so could the midwife. Instead of acknowledging that this is an acceptable choice that each woman deserves the freedom to make on her own. This is a total insult. On top of that, the woman has to pay for that additional consult for unsolicited advice. If a woman wants to consult with an OB, that is always up to her. It does not need to be legislated. A midwife can more than cover the benefits/risks with her client